

Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration

**Grants to Expand Substance Abuse Treatment Capacity
In Adult, Juvenile, and Family Drug Courts
(Short Title: SAMHSA Treatment Drug Courts)**

(Initial Announcement)

Request for Applications (RFA) No. TI-13-005

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	Applications are due by April 19, 2013.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 Grants to Expand Substance Abuse Treatment in Adult, Juvenile, and Family Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult, juvenile, and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders. “Adult” drug court models are defined to include drug courts serving adults, tribal healing to wellness courts, driving while intoxicated (DWI)/driving under the influence (DUI) courts, co-occurring drug and mental health courts, veterans treatment courts, and municipal courts using the problem solving model. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority use of these funds should be given to addressing gaps in the continuum of treatment for those individuals in these courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds must be used to serve high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. Grant funds may be used to provide services for co-morbid conditions, such as mental health problems, as long as expenditures remain consistent with the drug court model which is designed to serve individuals needing treatment for substance dependence or addiction to alcohol/other drugs. SAMHSA will use discretion in the allocation of funding the awards, taking into consideration the specific drug court models (adult, juvenile, and family) as appropriate and the number of applicants received per model type.

Funding Opportunity Title:	Grants to Expand Substance Abuse Treatment in Adult, Juvenile, and Family Drug Courts
Funding Opportunity Number:	TI-13-005
Due Date for Applications:	April 19, 2013
Anticipated Total Available Funding:	\$12.928 million
Estimated Number of Awards:	Up to 41 awards
Estimated Award Amount:	Up to \$325,000 per year
Cost Sharing/Match Required	No

Length of Project Period:	Up to 3 years
Eligible Applicants:	<p>Eligibility is limited to state and local government entities, such as the tribal court administrator, the administrative office of the courts, the single state agency for alcohol and drug abuse, the designated state drug court coordinator, or local governmental unit such as county or city agency with direct involvement with the drug court, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, individual adult treatment drug courts, juvenile treatment drug courts, and family dependency/drug courts. For the purposes of this RFA, eligible “adult” drug court models include: drug courts serving adults, tribal healing to wellness courts, driving while intoxicated (DWI)/driving under the influence (DUI) courts, co-occurring drug and mental health courts, and veterans treatment courts. <u>SAMHSA encourages local municipal court systems that have a problem solving municipal court to apply for funding.</u> [See <u>Section III-1</u> of this RFA for complete eligibility information.]</p>

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2013 Grants to Expand Substance Abuse Treatment in Adult, Juvenile, and Family Drug Courts. The purpose of this program is to expand and/or enhance substance abuse treatment services in existing adult, juvenile, and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to defendants/offenders. Adult drug court models are defined to include Drug Courts serving adults, Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Courts, and Municipal Courts using the problem solving model. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Priority use of these funds should be given to addressing gaps in the continuum of treatment for those individuals in these courts who have substance abuse and/or co-occurring disorders treatment needs. Grant funds must be used to serve high risk/high need populations diagnosed with substance dependence or addiction to alcohol/other drugs and identified as needing immediate treatment. Grant funds may be used to provide services for co-morbid conditions, such as mental health problems, as long as expenditures remain consistent with the drug court model which is designed to serve individuals needing treatment for substance dependence or addiction to alcohol/other drugs. SAMHSA will use discretion in the allocation of funding the awards, taking into consideration the specific drug court models (adult, juvenile, and family) as appropriate and the number of applicants received per model type.

The term “drug court” means a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among substance-abusing offenders and to increase the likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, and use of appropriate sanctions and other habilitation services.¹ They are being created at a high rate with almost 2,500 in existence in 2011, but many lack sufficient funding for substance abuse treatment. Treatment drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of substance abuse, addiction and crime. Stakeholders

¹ BJA/SAMHSA Adult Drug Court Services, Coordination, and Treatment FY 2013 Competitive Grant Announcement: Requirements Resource Guide

work together to give individual clients the opportunity to improve their lives, including recovery from substance use disorders, and develop the capacity and skills to become fully-functioning parents, employees and citizens.

SAMHSA's interest is to actively support and shape treatment drug courts that serve substance-abusing clients in the respective problem-solving court models as long as the court meets all the elements required for drug courts. The intent is to meet the clinical needs of clients and ensure clients are treated using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional court case-processing model. A long-term goal of this program is to build sustainable systems of care for individuals needing treatment drug court services.

In alignment with the goals of SAMHSA's Strategic Initiative: "Trauma and Justice", this program will help "reduce the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems". By providing needed treatment and recovery services, this program is intended to reduce the health and social costs of substance abuse and dependence to the public, and increase the safety of America's citizens by reducing substance abuse related crime and violence.

Eligible drug courts must be operational on or before October 1, 2013. Operational is defined as a having a set of cases and seeing clients in the drug court. By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the drug court(s) applying for funds or receiving funds as part of this grant are currently or will be operational on or before October 1, 2013.

"Grants to Expand Substance Abuse Treatment Capacity in Adult, Juvenile, and Family Drug Courts (hereafter referred to as SAMHSA Treatment Drug Courts)" is one of SAMHSA's services grant programs. SAMHSA intends that its services grants result in the delivery of services as soon as possible after award. Service delivery should begin by the 4th month of the project at the latest.

SAMHSA treatment drug court grants are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

NOTE: SAMHSA/CSAT, in collaboration with the U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA), is also offering an opportunity for adult drug courts titled "Enhancing Adult Drug Court Services, Coordination, and Treatment FY 2013 Competitive Grant Announcement" (TI-13-006). The purpose of the joint initiative is for applicants to submit one comprehensive strategy for enhancing drug court coordination, services, and treatment capacity, which allows applicants to compete for two grants (one from BJA and one from SAMHSA) with one application.

BJA is also offering its stand-alone drug court solicitation titled “Adult Drug Court Discretionary Grant Program FY 2013 Competitive Grant Announcement,” which provides financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.

Applicants may submit an application in response to one or all grant solicitations. However, neither SAMHSA/CSAT nor BJA will make more than one award for the same proposed drug court project to the same jurisdiction/court. Furthermore, both SAMHSA and BJA may consider geographic distribution when making funding decisions. The aforementioned drug court grant solicitations may be found on OJP/BJA’s website at <https://www.bja.gov/funding.aspx#1>, and SAMHSA’s website at <http://www.samhsa.gov>.

2. EXPECTATIONS

SAMHSA/CSAT is seeking applications that **expand** and/or **enhance** substance abuse treatment services in adult, juvenile, and family “problem solving” courts which use the treatment drug court model in order to provide alcohol and drug treatment (including recovery support services supporting substance abuse treatment, screening, assessment, case management, and program coordination) to clients/defendants/offenders. Grantees will be expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties.

1) **Service Expansion:** An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must clearly state in “Section C: Proposed Implementation Approach” of the application the number of additional clients to be served for each year of the proposed grant.**

2) **Service Enhancement:** An applicant may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly state in “Section C: Proposed Implementation Approach” of the application the number of clients who will receive the new enhancement services for each year of the proposed grant.**

Please see [Appendix L: Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services](#) for a comprehensive but not exhaustive range of collaborative efforts, treatment and recovery support services.

Applicants must describe how they will meet the elements/components of the drug court model(s) in which they are proposing to expand and/or enhance substance abuse, co-occurring, and recovery support services. See [Appendix M – Adult Drug Courts](#); [Appendix N – Juvenile Drug Courts](#); [Appendix O – Family Drug/Dependency Courts](#).

Applicants must screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.

Recognizing that medication-assisted treatment (MAT) may be an important part of a comprehensive treatment plan, SAMHSA treatment drug court grantees may use **no more than to 20%** of the annual grant award to pay for appropriate medication (e.g., methadone, injectable naltrexone, disulfiram, acamprosate calcium, buprenorphine) when the client has no other source of funds to do so.

To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the state substance Abuse Agency (SSA) director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the state strategy of substance abuse treatment. **All applicants (unless the applicant is the SSA) must include this letter in Attachment 4 of the application or it will not be reviewed and will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at <http://www.samhsa.gov/Grants/ssadirectory.pdf>.

Grantees are encouraged to provide HIV rapid preliminary antibody testing as part of their treatment regimen. Grantees providing HIV testing must do so in accordance with state and local requirements. **No more than 5% of grant funds may be used for HIV rapid testing.** [Note: Grant funds may be used to purchase such services from another provider.]

All clients who have a preliminary positive HIV test result must be administered a confirmatory HIV test result. Post award, applicants must develop a plan for medical case management of all clients who have a preliminary positive HIV and confirmatory HIV test result. As appropriate, post award, SAMHSA will provide technical assistance to: train grantee staff in HIV rapid testing; obtain required state certification to conduct on-site testing; develop, as may be required, agreements with state and local health departments regarding HIV testing activities; and develop a case management system for monitoring and tracking.

All clients who are considered to be at risk for viral hepatitis (B and C) as specified by the Centers for Disease Control and Prevention (CDC) recommendations for hepatitis B (CDC, 2008)² and hepatitis C (CDC, 1998)³ must be tested for viral hepatitis (B and C) in accordance with state and local requirements, either onsite or through referral. **No more than \$5,000** of grant funds per year (when no other funds are available) may be used for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing. Grantees must report all positive viral hepatitis test results to the local and state health department, as appropriate.

Applicants must provide a plan for providing referrals to viral hepatitis testing (if applicable), and to treatment for all clients testing positive for viral hepatitis (B or C) and provide memoranda of agreement demonstrating that you have linkages with appropriate treatment providers in **Attachment 5** of your application.

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Grantees must utilize 3rd party and other revenue realized from provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing

² Centers for Disease Control and Prevention. Recommendations for identification and public health management of persons with chronic hepatitis b virus infection. MMWR 2008; 57(No. RR-8): 1-39. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>

³ Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis c virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 57(No. RR-19): 1-20. <http://www.cdc.gov/hepatitis/HCV/GuidelinesC.htm>

requirements are an acceptable use of SAMHSA grant funds). Grantees are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients. In addition, grantees are required to include “payer of last resort” stipulation in all contracts with partnering provider organizations.

Over 2 million men and women have been deployed to serve in support of overseas contingency operations, including Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn. Individuals returning from Iraq and Afghanistan are at increased risk for suffering post-traumatic stress and other related disorders. Experts estimate that up to one-third of returning veterans will need mental health and/or substance abuse treatment and related services. In addition, the family members of returning veterans have an increased need for related support services. To address these concerns, SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project.

The Affordable Care Act (ACA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act place strong emphasis on the widespread adoption and implementation of electronic health record (EHR) technology. Accordingly, all SAMHSA grantees who provide services to individuals are encouraged to demonstrate ongoing clinical use of a certified electronic health record (EHR) system in each year of their SAMHSA grant. A certified EHR is an electronic health record system that has been tested and certified by an approved Office of National Coordinator’s (ONC) certifying body.

In Section F: Electronic Health Record Technology (EHR), of the Project Narrative, applicants are asked either to:

- Identify the certified, EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information (include a copy of your signed, executed EHR vendor contract in Attachment 6 of your application); **or**
- Describe the plan for the primary provider of clinical services to acquire a certified EHR system. This plan should include staffing, training, budget requirements and a timeline for implementation. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a timeline.

For more information and resources on EHRs, see [Appendix K, Electronic Health Record Resources](#).

This activity is considered infrastructure development; not more than 15% of the total grant award may be used for infrastructure development activities.

If your application is funded, you will be expected to: 1) develop a health disparities impact statement. This statement should utilize grantee data to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities; and (2) develop a plan to decrease the differences in **access, service use** and **outcomes** among those subpopulations. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (See **Appendix J: Addressing Behavioral Health Disparities.**)

2.1 Using Evidence-Based Practices

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention or treatment that are validated by some form of documented research evidence. In Section B of your project narrative, you will need to:

- Identify the evidence-based practice(s) you propose to implement for the specific population(s) of focus.
- Identify and discuss the evidence that shows that the practice(s) is (are) effective for the specific population(s) of focus.
- If you are proposing to use more than one evidence-based practice, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.
- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.

[Note: Please see [Appendix F](#), Funding Restrictions, regarding allowable costs for EBPs.]

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. See Appendix C for additional information about using EBPs.

2.2 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). You must document your ability to collect and report the required data in "[Section E: Data Collection and Performance Measurement](#)" of your application. Grantees will be required to report performance on the following performance measures: number of individuals served, abstinence from substance use, employment, housing stability, criminal justice involvement, social connectedness, and risk behaviors. This information will be gathered using the CSAT GPRA Client Outcome Measures for

Discretionary Programs GPRA tool, which can be found at <http://www.samhsa-gpra.samhsa.gov> (click on 'Data Collection Tools/Instructions', then click 'Services'), along with instructions for completing it.

Grantees will be required to collect data via a face-to-face interview using this tool at three data collection points: intake to services, six months post intake, and at discharge. Grantees will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. Once data are collected, grantees are required to utilize the Services Accountability Improvement System (SAIS), CSAT's web-based data collection and reporting tool.

Data are required to be submitted within seven (7) business days of their collection. Training will be provided on all aspects of GPRA data collection upon grant award. Hard copies are available in the application packages which are available by calling SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889]. The collection of these data will enable CSAT to report on the National Outcome Measures (NOMs), which have been defined by SAMHSA as key priority areas relating to substance use. In addition to the NOMs, data collected by grantees will be used to demonstrate how SAMHSA's grant programs are reducing disparities in access, service use, and outcomes nationwide. If you have an electronic health records (EHR) system to collect and manage most or all client-level clinical information, you should use the EHR to automate GPRA reporting.

Performance data will be reported to the public, the Office of Management and Budget (OMB) and Congress as part of SAMHSA's budget request.

2.3 Local Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having /will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted on an annual basis.

At a minimum, your performance assessment should include the required performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?

- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/sexual identity (sexual orientation/gender identity)?
- How durable were the effects?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the CLAS standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?

The performance assessment report should be a component of or an attachment to the bi-annual progress report due in October of each grant year.

No more than 20% of the total grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections I-2.2 and 2.3 above.

Infrastructure Development (maximum 15% of total grant award)

Although services grant funds must be used primarily for direct services, SAMHSA recognizes that infrastructure changes may be needed to implement the services or improve their effectiveness. You may use no more than 15% of the total services grant award for the following types of infrastructure development, if necessary to support the direct service expansion of the grant project, such as:

- Developing partnerships with other service providers for service delivery.
- Adopting and/or enhancing your computer system, management information system (MIS), electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
- Training/workforce development to help your staff or other providers in the community identify mental health or substance abuse issues or provide effective services consistent with the purpose of the grant program.

2.4 Grantee Meetings

Grantees must plan to attend an annual grantee meeting (in person or virtually, as determined by SAMHSA). Applicants should plan to send the project director, who may choose two additional drug court members from the drug court team to attend the annual grantee meeting. The project director may choose from the following drug court team members: the judge, clinical director, evaluator, a representative of the prosecutor's office and the defense bar. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Grantee meetings may coincide with other national drug court conferences. Applicants are encouraged to consider travel, conference registration fees and per diem costs for other such conferences in their budgets.

II. AWARD INFORMATION

Proposed budgets cannot exceed \$325,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. SAMHSA will use discretion in the allocation of funding the awards, taking into consideration the specific drug court models (Adult, Juvenile, and Family) as appropriate and the number of applicants received per model type.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2013 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds. These awards will be made as grants.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants include state and local government entities, such as the Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the designated State Drug Court Coordinator, or local governmental unit such as county or city agency with direct involvement with the drug court, federally recognized American Indian/Alaska Native (AI/AN) tribes and tribal organizations, individual adult treatment drug courts, juvenile treatment drug courts, and family dependency/drug courts. For the purposes of this RFA, eligible “adult” drug court models include Drug Courts serving adults, Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, and Veterans Treatment Courts. SAMHSA also encourages local municipal court systems that have a problem solving municipal court to apply for funding.

When the state/local/tribal government (city/county) or eligible entity applies on behalf of a drug court(s), the applicant will be the award recipient and the entity responsible for satisfying the grant requirements. It is allowable for an eligible applicant to apply on behalf of one or more drug courts within a state/tribe. However, in such situations, one county unit of government must assume the role of lead applicant, which will oversee and administer the grant for the multiple jurisdictions. When multiple jurisdictions or dockets are included within one application, letters of commitment from the drug court judge for each court must be included stating that they intend to meet the requirements of the grant, including the reporting requirements. **NOTE: If applicable, you must include these letters of commitment from each drug court judge in Attachment 5 of your application or it will not be reviewed and will not be considered for an award.**

Public and private nonprofit organizations such as substance abuse treatment providers have a pivotal supporting role in treatment drug court programs and may be sub-recipients/contractors to the applicant. However, they are not the catalysts for entry into drug court and are therefore restricted from applying.

Eligible drug courts must be operational on or before October 1, 2013. Operational is defined as a having a set of cases and seeing clients in the drug court. By signing the cover page (SF-424) of the application, the authorized representative of the applicant organization is certifying that the drug court(s) applying for funds or receiving funds as part of this grant are currently or will be operational on or before October 1, 2013.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and

which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

The statutory authority for this program prohibits grants to for-profit agencies.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

3.1 Additional Eligibility Requirements

You must comply with the following three requirements, or your application will be screened out and will not be reviewed:

1. use of the SF-424 application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
2. application submission requirements in Section IV-3 of this document; and
3. formatting requirements provided in Appendix A of this document.

3.2 Evidence of Experience and Credentials

SAMHSA believes that only existing, experienced, and appropriately credentialed organizations with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. You must meet three additional requirements related to the provision of services.

The three requirements are:

- A provider organization for direct client substance abuse treatment and mental health services appropriate to the grant must be involved in the proposed project. The provider may be the applicant or another organization committed to the project. More than one provider organization may be involved;
- Each mental health/substance abuse treatment provider organization must have at least 2 years experience (as of the due date of the application) providing relevant services in the geographic area(s) in which services are to be provided (official documents must establish that the organization has provided relevant services for the last 2 years); and

- Each mental health/substance abuse treatment provider organization must comply with all applicable local (city, county) and state licensing, accreditation, and certification requirements, as of the due date of the application.

[Note: The above requirements apply to all service provider organizations. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Eligible tribes and tribal organization mental health/substance abuse treatment providers must comply with all applicable tribal licensing, accreditation, and certification requirements, as of the due date of the application. See Appendix D, Statement of Assurance.]

Following application review, if your application's score is within the funding range, the GPO may contact you to request that the following documentation be sent by overnight mail, or to verify that the documentation you submitted is complete:

- a letter of commitment from every mental health/substance abuse treatment provider organization that has agreed to participate in the project that specifies the nature of the participation and the service(s) that will be provided;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which the services are to be provided; and
- official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable local (city, county) and state requirements for licensing, accreditation, and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.⁴
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

If the GPO does not receive this documentation within the time specified, your application will not be considered for an award.

⁴ Tribes and tribal organizations are exempt from these requirements.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application package from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA website at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this website include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF-424.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Package

A complete list of documents included in the application package is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- The Face Page (SF-424); Budget Information form (SF-424A); Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist. **Applications that do not include the required forms will be screened out and will not be reviewed.**
- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA website <http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the federal grants website (<http://www.Grants.gov>).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 12 required application components:

- **Face Page** – SF-424 is the face page. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you must be registered in the new System for Award Management (SAM). The former Central Contractor Registration (CCR) transitioned to the SAM on July 30, 2012. For any registrations in process during the transition period between July 16, 2012 and October 15, 2012, the data that were previously submitted to CCR were migrated to SAM. **SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients).** Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. **Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application must be registered and active in the SAM. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.**
- **Abstract** – Your total abstract must not be longer than 35 lines. It should include the project name, population(s) to be served including the type of drug court or problem solving court model(s) (i.e. Adult, Juvenile, or Family), demographics and clinical characteristics, strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Information Form** – Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in **Appendix H** of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through F. Sections A-F together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections G through I. There are no page limits for these sections, except for Section G, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in Section V under “Supporting Documentation.” Supporting documentation should be submitted in black and white (no color).

- **Attachments 1 through 6** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use more than a total of 30 pages for Attachments 1, 3 and 4 combined. There are no page limitations for Attachments 2, 5 and 6. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - **Attachment 1:** (1) Identification of at least one experienced, licensed mental health/substance abuse treatment provider organization; (2) a list of all direct substance abuse treatment/ service provider organizations that have agreed to participate in the proposed project, including the applicant agency, if it is a treatment or prevention service provider organization; (3) the Statement of Assurance (provided in Appendix D of this announcement) signed by the authorized representative of the applicant organization identified on the face page of the application, that assures SAMHSA that all listed providers meet the 2-year experience requirement, are appropriately licensed, accredited, and certified, and that if the application is within the funding range for an award, the applicant will send the GPO the required documentation within the specified time; and (4) letters of commitment and/or support from community substance abuse treatment and (if applicable) mental health organizations supporting the project. The letters should include the roles and responsibilities and demonstrate the commitment to the project.
 - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
 - **Attachment 3:** Sample Consent Forms
 - **Attachment 4:** Letter to the SSA: To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support

for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. (If the SSA is the applicant, the letter is not applicable and this should be noted in this attachment.)

- **Attachment 5:** (1) A copy of the memoranda of agreement demonstrating that the applicant has linkages with appropriate treatment providers that will provide viral hepatitis testing; (2) If multiple jurisdictions or dockets are applying within this application, the applicant must include letters of commitment from each drug court judge for each court stating that they intend on meeting the requirements of the grant, which includes the reporting requirements. **If applicable these letters of commitment from each drug court judge must be included in this Attachment or it will not be reviewed and will not be considered for an award.**
- **Attachment 6:** A copy of the signed, executed EHR vendor contract, if you have an existing EHR system.
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA's website with the RFA and provided in the application package.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the face page (SF-424) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA's website with the RFA and provided in the application package.
- **Certifications** – You must read the list of certifications provided on the SAMHSA website and **check the box marked 'I Agree'** before signing the face page (SF-424) of the application.
- **Disclosure of Lobbying Activities** – Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. You must sign and submit this form, if applicable.
- **Checklist** – The Checklist ensures that you have obtained the proper signatures, assurances and certifications. **You must complete the entire form**, including the top portion, “Type of Application”, indicating if this is a new,

noncompeting continuation, competing continuation or supplemental application, as well as Parts A through D.

- **Documentation of nonprofit status** as required in the Checklist

2.3 Application Formatting Requirements

Please refer to **Appendix A, Checklist for Formatting Requirements and Screen out Criteria for SAMHSA Grant Applications**, for SAMHSA's basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 19, 2013**.

Your application must be submitted through <http://www.Grants.gov>. Please refer to **Appendix B, "Guidance for Electronic Submission of Applications."**

4. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 and OMB Circular A-21
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E

In addition, SAMHSA's Treatment Drug Court grant recipients must comply with the following funding restrictions:

- No more than 15% of the total grant award may be used for developing the infrastructure necessary for expansion of services.
- No more than 20% of the total grant award may be used for data collection, performance measurement and performance assessment, including incentives for participating in the required data collection follow-up.
- No more than 20% of the annual grant award may be used to pay for appropriate medication as part of Medication-Assisted Treatment (MAT), which

includes (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so.

- No more than 5% of grant funds may be used for HIV rapid testing. [Note: Grant funds may be used to purchase such services from another provider.]
- No more than \$5,000 of grant funds per year may be used (when no other funds are available) for viral hepatitis (B and C) testing, including purchase of test kits and other required supplies (e.g., gloves, biohazardous waste containers, etc.) and training for staff related to viral hepatitis (B and C) testing.

SAMHSA grantees must also comply with SAMHSA's standard funding restrictions, which are included in Appendix F.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-F below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-F.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.
- The Project Narrative (Sections A-F) together may be no longer than 30 pages.
- You must use the six sections/headings listed below in developing your Project Narrative. You must place the required information in the correct section, **or it will not be considered**. Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The Budget Justification and Supporting Documentation you provide in Sections G-I and Attachments 1-6 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (14 points)

- Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age,

socioeconomic characteristics, sexual identity (sexual orientation, gender identity) and other relevant factors, such as literacy.

- Discuss the relationship of your population of focus, including sub-populations, to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of the RFA.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus based on data. Identify the source of the data. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data (e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control reports, and Census data). This list is not exhaustive; applicants may submit other valid data, as appropriate for your program, including drug court program specific data.

Section B: Proposed Evidence-Based Service/Practice (21 points)

- Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section E: Data Collection and Performance Measurement.
- Describe the Evidence-Based Practice (EBP) that will be used and justify its use for your population of focus, your proposed program, and the intent of this RFA. Describe how the proposed practice will address the following issues in the population(s) of focus, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age geography, and socioeconomic status; language and literacy; sexual identity (sexual orientation, gender identity); and disability. [See Appendix C: Using Evidence-Based Practices (EBPs).]
- Explain how your choice of an EBP will help you address disparities in subpopulations.
- Describe any modifications that will be made, the reasons the modifications are necessary, and the implications of these modifications to the fidelity of the EBP.

- If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.

Section C: Proposed Implementation Approach (26 points)

- Describe how achievement of the goals will produce meaningful and relevant results for your community (e.g., increase access, availability, prevention, outreach, pre-services, treatment, and/or intervention) and support SAMHSA's goals for the program.
- Indicate whether your proposed project will expand drug court services, enhance drug court services, or do both. Describe how the proposed service or practice will be implemented. You must also address how the required key elements of the treatment drug court model you have chosen (see Appendix M – Appendix O – Components/Elements of Drug Court Models) are included in your program design. If a particular key element/characteristic of the Treatment Drug Court model is missing, you must provide a justification for not including it.
- Describe how the proposed service(s) or practice(s) to be implemented will address the impact of violence and trauma by integrating trauma-informed approaches delivered to clients. [Information for SAMHSA's Strategic Initiative on Trauma and Justice is available at <http://www.samhsa.gov/traumaJustice>.]
- Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. Be sure to show that the project can be implemented and service delivery can begin as soon as possible and no later than 4 months after grant award. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]
- Describe how you will screen and assess clients for the presence of co-occurring mental and substance use disorders and use the information obtained from the screening and assessment to develop appropriate treatment approaches for the persons identified as having such co-occurring disorders.
- Describe how you will identify, recruit and retain the population(s) of focus. Using your knowledge of the language, beliefs, norms, values and socioeconomic factors of the population(s) of focus, discuss how the proposed approach addresses these issues in outreaching, engaging and delivering programs to this population, e.g., collaborating with community gatekeepers.
- Describe how you will ensure the input of clients in assessing, planning and implementing your project.

- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include letters of commitment and/or support from community substance abuse treatment and (if applicable) mental health organizations supporting the project in **Attachment 1**.
- Describe your plan to continue the project after the funding period ends. Also, describe how program continuity will be maintained with there is change in the operational environment (e.g., staff turnover, change in project leadership, change in judicial oversight) to ensure stability over time.
- State the unduplicated number of individuals you propose to serve, including sub-populations, (annually and over the entire project period) with grant funds, including the types and numbers of services to be provided and anticipated outcomes. If you are proposing to expand services, indicate the numbers of additional clients to be served during each year of the grant over the number you are currently serving. If you are proposing to enhance services, indicate the number of clients who will receive the new enhancement services during each year of the grant. **Note:** Identify any residential treatment services that will be funded within this project and include the number of individuals that you propose will be served with residential treatment slots. This number should be included in the number of unduplicated individuals that will be served with grant funds.
- Provide a per-unit cost for this program. One approach might be to provide a per-person or unit cost of the project to be implemented. You can calculate this figure by: 1) taking the total cost of the project over the lifetime of the grant and subtracting 20% for data and performance assessment; 2) dividing this number by the total unduplicated number of persons to be served. Another approach might be to calculate a per-person or unit cost based upon your organization's history of providing a particular service(s). This might entail dividing the organization's annual expenditures on a particular service(s) by the total number of persons/families who received that service during the year. Another approach might be to deliver a cost per outcome achieved. Justify that this per-unit cost is providing high quality services that are cost effective. Describe your plan for maintaining and/or improving the provision of high quality services that are cost effective throughout the life of the grant.
- Describe how you will utilize 3rd party and other revenue realized from the provision of substance abuse treatment services to the extent possible and use SAMHSA grant funds only for services to individuals who are ineligible for public health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan (co-pay or other cost sharing requirements are an acceptable use of SAMHSA grant funds).

- Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured clients.
- To better ensure coordination between the criminal justice and community-based substance abuse treatment systems, applications must include a letter from the State Substance Abuse Agency (SSA) Director or designated representative that provides support for the application and confirms that the proposal conforms to the framework of the State Strategy of Substance Abuse Treatment. **All applicants (unless the applicant is submitted by the SSA) must include this letter in Attachment 4 of your application or it will not be reviewed and you will not be considered for an award.** A listing of the SSA's can be found on SAMHSA's Web site at <http://www.samhsa.gov/Grants/ssadirectory.pdf>

Section D: Staff and Organizational Experience (15 points)

- Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
- Provide a complete list of staff positions for the project, including the Project Director, which is identified as key personnel, showing the role of each and their level of effort and qualifications.
- Discuss how key staff has demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

Section E: Data Collection and Performance Measurement (19 points)

- Document your ability to collect and report on the required performance measures as specified in Section I-2.2 of this RFA. Describe your plan for data collection, management, analysis and reporting. Specify and justify any additional measures or instruments you plan to use for your grant project.
- Describe the data-driven quality improvement process by which sub-population disparities in access/use/outcomes will be tracked, assessed, and reduced.
- Describe your plan for conducting the local performance assessment as specified in Section I-2.3 of this RFA and document your ability to conduct the assessment.

Section F: Electronic Health Record (EHR) Technology (5 points)

- If you currently have an existing EHR system, identify the EHR system that you, or the primary provider of clinical services associated with the grant (i.e., the grantee, sub-awardee or sub-contractor that is expected to deliver clinical services to the most patients during the term of the grant), have adopted to manage client-level clinical information for your proposed project. Include a copy of your EHR vendor contract in **Attachment 6** of your application.
- If you or the primary provider of clinical services do not currently have an existing EHR system, describe the plan to acquire an EHR system. This plan should include staffing, training, budget requirements (including additional resources for funding), and a time line for implementation. Be sure to include these costs in your budget. Alternatively, if you have an EHR system that is not currently certified by an ONC approved certifying body, you may include a letter of commitment from your vendor and associated plan to achieve certification. This should include a time line.

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

Budget Justification, Existing Resources, Other Support (other federal and non-federal sources).

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

Be sure to show that no more than 15% of the total grant award will be used for infrastructure development, if necessary, no more than 5% of grant funds will be used for HIV rapid testing, no more than \$5,000 of grant funds per year will be used for viral hepatitis (B and C) testing, no more than 20% will be used for MAT medication (e.g., Injectable Naltrexone, Disulfiram, Acamprosate Calcium, Buprenorphine) when the client has no other source of funds to do so, and no more than 20% of the total grant award will be used for data collection, performance measurement and performance assessment. **Specifically identify the items associated with these costs in your budget.** An illustration of a budget and narrative justification is included in Appendix H, Sample Budget and Justification, of this document.

The budget justification and narrative must be submitted as file BNF when you submit your application into Grants.gov. (See Appendix B, Guidance for Electronic Submission of Applications.)

SUPPORTING DOCUMENTATION

Section G: Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section H: Biographical Sketches and Job Descriptions.

- Include a biographical sketch for the Project Director (key personnel) and other key positions. Each sketch should be 2 pages or less. If the person has not been hired, include a position description and/or a letter of commitment with a current biographical sketch from the individual.
- Include job descriptions for key personnel. Job descriptions should be no longer than 1 page each.
- Information on what you should include in your biographical sketches and job descriptions can be found in Appendix G of this document.

Section I: Confidentiality and SAMHSA Participant Protection/Human Subjects: You must describe procedures relating to Confidentiality, Participant Protection and the Protection of Human Subjects Regulations in Section I of your application. See Appendix I for guidelines on these requirements.

2. REVIEW AND SELECTION PROCESS

SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund a grant are based on:

- the strengths and weaknesses of the application as identified by peer reviewers;
- when the individual award is over \$150,000, approval by the Center for Substance Abuse Treatment's National Advisory Council;
- availability of funds; and
- equitable distribution of awards in terms of geography (including urban, rural and remote settings) and balance among populations of focus and program size.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

You will receive a letter from SAMHSA through postal mail that describes the general results of the review of your application, including the score that your application received.

If you are approved for funding, you will receive an **additional** notice through postal mail, the Notice of Award (NoA), signed by SAMHSA's Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive federal funding for work on the grant project.

If you are not funded, you will receive notification from SAMHSA.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA website (<http://www.samhsa.gov/grants/management.aspx>).
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
 - requirements relating to additional data collection and reporting;
 - requirements relating to participation in a cross-site evaluation;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation

award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.

- If your application is funded, you must comply with Executive Order 13166, which requires that recipients of federal financial assistance provide meaningful access to limited English proficient (LEP) persons in their programs and activities. You may assess the extent to which language assistance services are necessary in your grant program by utilizing the HHS *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, available at <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application package for SAMHSA grants and is posted on the SAMHSA website at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.2, grantees must comply with the reporting requirements listed on the SAMHSA website at <http://www.samhsa.gov/Grants/apply.aspx>.

VII. AGENCY CONTACTS

For questions about program issues contact:

Kenneth Robertson
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1001
Rockville, Maryland 20857
(240) 276-1621
kenneth.robertson@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the SF-424 Application form; Budget Information form SF-424A; Project/Performance Site Location(s) form; Disclosure of Lobbying Activities, if applicable; and Checklist.
- Applications must be received by the application due date and time, as detailed in Section IV-3 of this grant announcement.
- You must be registered in the System Award Management (SAM) prior to submitting your application. The DUNS number used on your application must be registered and active in the SAM prior to submitting your application.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. (See additional requirements in Appendix B, "Guidance for Electronic Submission of Applications.")
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- Applications should comply with the following requirements:
 - Provisions relating to confidentiality and participant protection/human subjects specified in Appendix I of this announcement
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement
 - Documentation of nonprofit status as required in the Checklist.

- Black print should be used throughout your application, including charts and graphs (no color). **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of the SF-424 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.

Appendix B – Guidance for Electronic Submission of Applications

Beginning in FY 2013, SAMHSA discretionary grant applications must be submitted electronically through Grants.gov. **SAMHSA will not accept paper applications**, except when a waiver of this requirement is approved by SAMHSA. The process for applying for a waiver is described later in this appendix.

If this is the first time you have submitted an application through Grants.gov, you must complete **three separate registration processes** before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are:

1. DUNS Number registration:

The DUNS number you use on your application must be registered and active in the SAM.

2. System for Award Management (SAM) registration:

The **System for Award Management (SAM)** is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS. Future phases of SAM will add the capabilities of other systems used in federal awards processes.

SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes.

Grants.gov will reject electronic submissions from applicants with expired registrations. To Create a user account, Register/Update entity and/or Search Records from CCR, go to <https://www.sam.gov>.

You will find a ***Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM*** at

https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf.

3. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF-424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

You can find additional information on the registration process at http://www.grants.gov/assets/organizationregcheck_092112.pdf. The Organization Registration Checklist available at this site provides registration guidance for a company, institution, state, local or tribal government, or other type of organization submitting for the first time through Grants.gov.

To submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within the next 24-48 hours. One will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.** Please note that it is incumbent on the applicant to monitor your application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007 products (e.g., Microsoft Word 2007, Microsoft Excel 2007, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007 may result in your file being unreadable by our staff.

The Abstract, Table of Contents, Project Narrative, Supporting Documentation, Budget Justification, and Attachments must be combined into 4 separate files in the electronic

submission. **If the number of files exceeds 4, only the four files will be downloaded and considered in the peer review of applications.**

Formatting requirements for SAMHSA e-Grant application files are as follows:

- Project Narrative File (PNF): The PNF consists of the Abstract, Table of Contents, and Project Narrative (Sections A-F) in this order and numbered consecutively.
- Budget Narrative File (BNF): The BNF consists of only the budget justification narrative.
- Other Attachment File 1: The first Other Attachment file will consist of the Supporting Documentation (Sections G-I) in this order and lettered consecutively.
- Other Attachment File 2: The second Other Attachment file will consist of the Attachments (Attachments 1-6) in this order and numbered consecutively.

If you have documentation that does not pertain to any of the 4 listed attachment files, include that documentation in Other Attachment File 2.

New for FY 2013

Applicants are now limited to using the following characters in all attachment file names:

Valid file names may include only the following characters:

A-Z, a-z, 0-9, underscore (_), hyphen (-), space, period.

If your application uses any other characters when naming your attachment files, your application will be rejected by Grants.gov.

Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type could result in rejection of your application.

Waiver Request Process

Applicants may request a waiver of the requirement for electronic submission if they are unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver. If you do not have an

active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review. Registration is necessary to ensure that information required for paper submission is available and that the applicant is ready to submit electronically if the waiver is denied. (See directions for registering in SAM and on Grants.gov above.)

A written waiver request must be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this RFA. The request must be either e-mailed to DGR.Waivers@samhsa.hhs.gov, or mailed to:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD 20857

Applicants are encouraged to request a waiver by e-mail, when possible. When requesting a waiver, the following information must be included:

- SAMHSA RFA title and announcement number
- Name, address, and telephone number of the applicant organization as they will appear in the application
- Applicant organization's DUNS number
- Authorized Organization Representative (AOR) for the named applicant
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application must be submitted. (See instructions for submitting a paper application below.) SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization must be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval must be included as the cover page of the paper application and the application must be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval must be

included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application must be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

Instructions for Submitting a Paper Application with a Waiver

Paper submissions are due by **5:00 PM** on the application due date stated on the cover page of this RFA. **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS).** You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are sent by e-mail or facsimile or hand carried.

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Diane Abbate, Director of Grant Review
Office of Financial Resources
Substance Abuse and Mental Health Services Administration
Room 3-1044
1 Choke Cherry Road
Rockville, MD **20857**

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include **"SAMHSA Treatment Drug Courts, TI-13-005"** and **indicate the model of drug court for which you are applying (Adult, Juvenile, or Family)** in item number 12 on the face page (SF-424) of your paper application. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:

- Face Page (SF-424)
- Abstract
- Table of Contents
- Budget Information Form (SF-424A)
- Project Narrative and Supporting Documentation
- Attachments
- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, if applicable)
- Checklist – the Checklist should be the last page of your application.
- Documentation of nonprofit status as required in the Checklist

Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments, such as posters, will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Black print should be used throughout your application, including charts and graphs (no color). Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides. Pages with printing on both sides run the risk of an incomplete application going to peer reviewers, since scanning and copying may not duplicate the second side. **Materials with printing on both sides will be excluded from the application and not sent to peer reviewers.**

With the exception of standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Appendix C – Using Evidence-Based Practices (EBPs)

SAMHSA recognizes that EBPs have not been developed for all populations and/or service settings. For example, certain interventions for American Indians/Alaska Natives, rural or isolated communities, or recent immigrant communities may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base. In addition, other interventions that have an established evidence base for certain populations or in certain settings may not have been formally evaluated with other subpopulations or within other settings. Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate for the population(s) of focus. Evidence for these practices may include unpublished studies, preliminary evaluation results, clinical (or other professional association) guidelines, findings from focus groups with community members, etc. You may describe your experience either with the population(s) of focus or in managing similar programs. Information in support of your proposed practice needs to be sufficient to demonstrate the appropriateness of your practice to the individuals reviewing your application.

- Document the evidence that the practice(s) you have chosen is appropriate for the outcomes you want to achieve.
- Explain how the practice you have chosen meets SAMHSA's goals for this grant program.
- Describe any modifications/adaptations you will need to make to your proposed practice(s) to meet the goals of your project and why you believe the changes will improve the outcomes. We expect that you will implement your evidence-based service(s)/practice(s) in a way that is as close as possible to the original service(s)/practice(s). However, SAMHSA understands that you may need to make minor changes to the service(s)/practice(s) to meet the needs of your population(s) of focus or your program, or to allow you to use resources more efficiently. You must describe any changes to the proposed service(s)/practice(s) that you believe are necessary for these purposes. You may describe your own experience either with the population(s) of focus or in managing similar programs. However, you will need to convince the people reviewing your application that the changes you propose are justified.
- Explain why you chose this evidence-based practice over other evidence-based practices.
- If applicable, justify the use of multiple evidence-based practices. Discuss in the logic model and related narrative how use of multiple evidence-based practices will be integrated into the program, while maintaining an appropriate level of fidelity for each practice. Describe how the effectiveness of each

evidence-based practice will be quantified in the performance assessment of the project.

- Discuss training needs or plans for training to successfully implement the proposed evidence-based practice(s).

Resources for Evidence-Based Practices:

You will find information on evidence-based practices in SAMHSA's *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat mental and substance use disorders. The *Guide* provides a short description and a link to dozens of websites with relevant evidence-based practices information – either specific interventions or comprehensive reviews of research findings.

Please note that SAMHSA's *Guide to Evidence-Based Practices* also references another SAMHSA website, the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of interventions for the prevention and treatment of mental and substance use disorders. NREPP is intended to serve as a decision support tool, not as an authoritative list of effective interventions. *Being included in NREPP, or in any other resource listed in the Guide, does not mean an intervention is "recommended" or that it has been demonstrated to achieve positive results in all circumstances.* You must document that the selected practice is appropriate for the specific population(s) of focus and purposes of your project.

In addition to the website noted above, you may provide information on research studies to show that the services/practices you plan to implement are evidence-based. This information is usually published in research journals, including those that focus on minority populations. If this type of information is not available, you may provide information from other sources, such as unpublished studies or documents describing formal consensus among recognized experts.

[Note: Please see [Appendix F](#), Funding Restrictions, regarding allowable costs for EBPs.]

Appendix D – Statement of Assurance

As the authorized representative of [*insert name of applicant organization*], I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- a letter of commitment that the drug court(s) involved in the application is currently or will be operational on or before October 1, 2013;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.⁵ (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and

⁵ Tribes and tribal organizations are exempt from these requirements.

certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Signature of Authorized Representative

Date

Appendix E – Intergovernmental Review (E.O. 12373) Requirements

This grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs is included in the application package and can be downloaded from the Office of Management and Budget (OMB) website at http://www.whitehouse.gov/omb/grants_spoc.

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline. For United States Postal Service: Diane Abbate, Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 3-1044, 1 Choke Cherry Road, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. TI-13-005. Change the zip code to 20850 if you are using another delivery service.

Appendix F – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities, or in custody where they are not free to move about in the community).
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Pay for housing other than residential mental health and/or substance abuse treatment.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Only allowable costs associated with the use of federal funds are permitted to fund evidence-based practices (EBPs). Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment). Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, or in-kind contributions.
- Make direct payments to individuals to induce them to enter prevention or treatment services. However, SAMHSA discretionary grant funds may be used for non-clinical support services (e.g., bus tokens, child care) designed to improve access to and retention in prevention and treatment programs.
- Make direct payments to individuals to encourage attendance and/or attainment of prevention or treatment goals. However, SAMHSA discretionary grant funds may be used for non-cash incentives of up to \$20 to encourage attendance and/or attainment of prevention or treatment goals when the incentives are built into the program design and when the incentives are the minimum amount that

is deemed necessary to meet program goals. SAMHSA policy allows an individual participant to receive more than one incentive over the course of the program. However, non-cash incentives should be limited to the minimum number of times deemed necessary to achieve program outcomes. A grantee or treatment or prevention provider may also provide up to \$20 cash or equivalent (coupons, bus tokens, gifts, child care, and vouchers) to individuals as incentives to participate in required data collection follow up. This amount may be paid for participation in each required interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the RFA. Grant funds may be used for light snacks, not to exceed \$2.50 per person.
- Funds may not be used to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.
- Pay for pharmacologies for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), TB, and hepatitis B and C, or for psychotropic drugs.

SAMHSA will not accept a “research” indirect cost rate. The grantee must use the “other sponsored program rate” or the lowest rate available.

Appendix G – Biographical Sketches and Job Descriptions

Biographical Sketch

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Project Director/Program Director (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

Job Description

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

Appendix H – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF-424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **\$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) \$10,896

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **\$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations

for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **\$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.

- (2) Treatment services for clients to be served based on organizational history of expenses.
- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA's fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **\$15,815**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

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TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) **\$172,713**

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) **\$5,093**

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A)
\$177,806

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UNDER THIS SECTION REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc. Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see [Appendix F, Funding Restrictions](#), regarding allowable costs.] Provide the total proposed project period and federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2012	b. End Date:	09/29/2017
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix I – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

Confidentiality and Participant Protection:

Because of the confidential nature of the work in which many SAMHSA grantees are involved, it is important to have safeguards protecting individuals from risks associated with their participation in SAMHSA projects. All applicants must address the seven elements below. Be sure to discuss these elements as they pertain to on-line counseling (i.e., telehealth) if they are applicable to your program. If some are not applicable or relevant to the proposed project, simply state that they are not applicable and indicate why. In addition to addressing these seven elements, read the section that follows entitled Protection of Human Subjects Regulations to determine if the regulations may apply to your project. If so, you are required to describe the process you will follow for obtaining Institutional Review Board (IRB) approval. While we encourage you to keep your responses brief, there are no page limits for this section and no points will be assigned by the Review Committee. Problems with confidentiality, participant protection, and the protection of human subjects identified during peer review of the application must be resolved prior to funding.

1. Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.
- Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.
- Identify plans to provide guidance and assistance in the event there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.

2. Fair Selection of Participants

- Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
 - Explain how you will recruit and select participants. Identify who will select participants.
3. Absence of Coercion
- Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.
 - If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$20.
 - State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.
4. Data Collection
- Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
 - Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
 - Provide in **Attachment 2**, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Possible risks from participation in the project.
 - Plans to protect clients from these risks.
- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** obtain written informed consent.

- Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent

forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in **Attachment 3, “Sample Consent Forms”**, of your application. If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Protection of Human Subjects Regulations

SAMHSA expects that most grantees funded under this announcement will not have to comply with the Protection of Human Subjects Regulations (45 CFR 46), which requires Institutional Review Board (IRB) approval. However, in some instances, the applicant's proposed performance assessment design may meet the regulation's criteria for research involving human subjects. For assistance in determining if your proposed performance assessment meets the criteria in 45 CFR 46, Protection of Human Subjects Regulations, refer to the SAMHSA decision tree on the SAMHSA website, under “Applying for a New SAMHSA Grant,” <http://www.samhsa.gov/grants/apply.aspx>.

In addition to the elements above, applicants whose projects must comply with the Human Subjects Regulations must fully describe the process for obtaining IRB approval. While IRB approval is not required at the time of grant award, these grantees will be required, as a condition of award, to provide documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP). IRB approval must be received in these cases prior to enrolling participants in the project.

General information about Human Subjects Regulations can be obtained through OHRP at <http://www.hhs.gov/ohrp>, or ohrp@osophs.dhhs.gov, or (240) 453-6900. SAMHSA-specific questions should be directed to the program contact listed in Section VII of this announcement.

Appendix J – Addressing Behavioral Health Disparities

In April 2011, the Department of Health and Human Services (HHS) released its *Action Plan to Reduce Racial and Ethnic Health Disparities*. This plan outlines goals and actions HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to continuously assess the impact of their policies and programs on health disparities. The Action Plan is available at: http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

The number one Secretarial priority in the Action Plan is to: **“Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities.”** Grantees for this program will be required to submit a health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities. This statement must outline the population/s of focus that will be involved in the project and the unduplicated number of individuals who are expected to receive services. It should be consistent with information in your application regarding access, service use and outcomes for the program. The disparities impact statement may be developed as a brief narrative or table (see “Sample Health Disparities Impact Statement” at the end of this appendix).

You also will be required to develop a plan to decrease the differences in access, service use and outcomes among subpopulations that will be implemented throughout the project. This plan should include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definition of Health Disparities:

Healthy People 2020 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Subpopulations

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with serious mental illness [SMI] at risk for chronic health conditions; young adults engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *subpopulations* that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, Latino adults with SMI may be at heightened risk for metabolic disorder due to

lack of appropriate in-language primary care services; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma within the Native American community; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities. While these factors might not be pervasive among the general population served by a grantee, they may be predominant among subpopulations or groups vulnerable to disparities. It is imperative that grantees understand who is being served within their community in order to provide care that will yield positive outcomes, per the focus of that grant. In order for organizations to attend to the potentially disparate impact of their grant efforts, applicants are asked to address access, use and outcomes for subpopulations, which can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender), as appropriate
- By sexual orientation (i.e., lesbian, gay, bisexual), as appropriate

HHS published final standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act in October 2011,

<http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=208>.

The ability to address the quality of care provided to subpopulations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal CLAS standards.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS standards were initially published in the Federal Register on December 22, 2000. Culturally and linguistically appropriate health care and services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals, is increasingly seen as essential to reducing disparities and improving health care quality. The National CLAS Standards have served as catalyst and conduit for the evolution of the field of cultural and linguistic competency over the course of the last 12 years. In recognition of these changes in the field, the HHS Office of Minority Health undertook the National CLAS Standards Enhancement Initiative from 2010 to 2012.

The enhanced National CLAS Standards seek to set a new bar in improving the quality of health to our nation's ever diversifying communities. Enhancements to the National CLAS Standards include the broadening of the definitions of health and culture, as well as an increased focus on institutional governance and leadership. The enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and

Health Care are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate services that will advance health equity, improve quality, and help eliminate health care disparities.

You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Sample Health Disparities Impact Statement:

Access to Services

Based on the general population who will receive services from this grant, the behavioral health outcomes for Latino/Hispanics and African Americans are significantly worse than other groups. We have prioritized the service needs of these populations for this grant and propose to serve the following numbers of clients:

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	400	100	100	100	100
<i>By Race/Ethnicity</i>					
African American	80	20	20	20	20
American Indian/Alaska Native	<20	<5	<5	<5	<5
Asian	<20	<5	<5	<5	<5
White	180	45	45	45	45
Hispanic or Latino	100	25	25	25	25
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	n/a
Two or more Races	unknown	unknown	unknown	unknown	unknown
<i>By Gender</i>					
Female	192	48	48	48	48
Male	208	51	51	51	51

<i>By Sexual Orientation/Identity Status</i>					
Lesbian	unknown	unknown	unknown	unknown	unknown
Gay	unknown	unknown	unknown	unknown	unknown
Bisexual	unknown	unknown	unknown	unknown	unknown
Transgender	unknown	unknown	unknown	unknown	unknown

Service Use

Services and activities will be designed and implemented in accordance with cultural and linguistic needs of the individuals enrolled in the program. Service completion rates will be consistent with the access to services projections noted above.

Outcomes

Access and service use data will be used to manage grant implementation activities to improve the behavioral health outcomes of Latino/Hispanic and African American clients by 10% from their baseline performance.

Appendix K – Electronic Health Record (EHR) Resources

The following is a list of websites for EHR information:

For additional information on EHR implementation please visit:

<http://www.healthit.gov/providers-professionals>

For a comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC) please see: <http://onc-chpl.force.com/ehrcert>

For a listing of Regional Extension Centers (REC) for technical assistance, guidance, and information to support efforts to become a meaningful user of Electronic Health Records (EHRs), see: <http://www.healthit.gov/providers-professionals/regional-extension-centers-recs#listing>

Behavioral healthcare providers should also be aware of federal confidentiality regulations including HIPPA and 42CRF Part 2 (<http://www.samhsa.gov/HealthPrivacy/>). EHR implementation plans should address compliance with these regulations.

For questions on EHRs and HIT, contact:

SAMHSA.HIT@samhsa.hhs.gov.

Appendix L – Allowable Substance Abuse and/or Co-Occurring Treatment and Recovery Support Services

Applicants must propose to **expand** substance abuse treatment and recovery support services, to **enhance** substance abuse treatment and outreach and recovery support services, or do both.

1) **Service Expansion:** An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently serves 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must clearly state in “Section C: Proposed Implementation Approach” of the application the number of additional clients to be served for each year of the proposed grant.**

2) **Service Enhancement:** An applicant may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add a co-occurring treatment intervention to the current treatment protocol for a population being served by the program. **Applicants proposing to enhance services must clearly state in “Section C: Proposed Implementation Approach” of the application the number of clients who will receive the new enhancement services for each year of the proposed grant.**

Substance Abuse and/or Co-Occurring Services:

The following represents a comprehensive but not exhaustive range of services/treatment to be provided, and for which funds may be used:

- Screening and a comprehensive individual assessment for substance use and/or co-occurring mental disorders, case management, program management and referrals related to substance abuse treatment for clients
- Alcohol and drug (substance abuse) treatment in outpatient, day treatment (including outreach-based services) or intensive outpatient, or residential treatment programs. [Note: If you are proposing to use grant funds for any residential substance abuse treatment services you must clearly identify these services or treatment modality as such in Section of the Project Narrative.]
- Wrap around services supporting the access to and retention in substance abuse treatment or to address the treatment-specific needs of clients during or

following a substance abuse treatment episode (See below under “Recovery Support Services”)

- Individualized services planning
- Drug testing as required for supervision, treatment compliance, and therapeutic intervention

Community Linkages:

Applicants must demonstrate that they have developed linkages with community-based organizations with experience in providing services to these communities.

Examples of possible community linkages include, but are not limited to:

- Primary health care.
- Substance abuse treatment services and where appropriate integrated mental health treatment services for individuals with co-occurring disorders..
- Private industry-supported work placements for recovering persons.
- Faith-based organizational support.
- Mentoring programs.
- Community service.
- Support for the homeless.
- HIV/AIDS community-based outreach projects.
- Opioid treatment programs.
- Health education and risk reduction information.
- Access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

Examples of Recovery Support Services:

Recovery support services (RSSs) are non-clinical services that assist individuals and families to recover from alcohol or drug problems. They include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSSs may be provided in conjunction with treatment, and as separate and distinct services, to individuals and families who desire and need them. RSSs may be delivered by peers, professionals, faith-based and community-based groups, and others. RSSs are a key component of recovery-oriented systems of care.

Recovery support services are typically provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs, and are often peers of those seeking recovery. Some of these services may require reimbursement while others may be available in the community free of charge.

Examples of recovery support services include the following:

- Transportation to and from treatment, recovery support activities, employment, etc.
- Employment services and job training.
- Case management/individual services coordination, providing linkages with other services (legal services, TANF, social services, food stamps, etc.).
- Outreach.
- Relapse prevention.
- Referrals and assistance in locating housing.
- Child care.
- Family/marriage education.
- Peer-to-peer services, mentoring, coaching.
- Life skills.
- Education.
- Parent education and child development.
- Substance abuse education

Definitions for Recovery Support Services:

Transportation: Commuting services are provided to clients who are engaged in treatment- and/or recovery support-related appointments and activities and who have no other means of obtaining transportation. Forms of transportation services may include public transportation or a licensed and insured driver who is affiliated with an eligible program provider.

Employment Services and Job Training: These activities are directed toward improving and maintaining employment. Services include skills assessment and development, job coaching, career exploration or placement, job shadowing or internships, résumé writing, interviewing skills, and tips for retaining a job. Other services include training in a specific skill or trade to assist individuals to prepare for, find, and obtain competitive employment such as skills training, technical skills, vocational assessment, and job referral.

Case Management: Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.

Relapse Prevention: These services include identifying a client's current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

Referrals and Assistance in Locating Housing: This includes referral to local sober houses, access to housing databases, and assistance in locating housing.

Child Care: These services include care and supervision provided to a client's child(ren), less than 14 years of age and for less than 24 hours per day, while the client is participating in treatment and/or recovery support activities. These services must be provided in a manner that complies with state laws regarding child care facilities.

Family/Marriage Counseling and Education: Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family re-unification, and strategies to reduce or minimize the negative effects of substance abuse use on the relationship.

Peer-to-Peer Services, Mentoring, and Coaching: Mutual assistance in promoting recovery may be offered by other persons who have experienced similar substance abuse challenges. These services focus more on wellness than illness. Peer mentoring or coaching refers to a one-on-one relationship in which a peer leader with more recovery experience motivates, supports, and encourages another peer in establishing and maintaining his/her recovery. Mentors/coaches may help peers develop goals and action plans, as well as helps them find resources. Recovery support includes an array of activities, resources, relationships, and services designed to assist an individual's integration into the community, participation in treatment and/or recovery support services, and improved functioning in recovery.

Life Skills: Life skills services address activities of daily living, such as budgeting, time management, interpersonal relations, household management, anger management, and other issues.

Education: Supported education services are defined as educational counseling and may include academic counseling, assistance with academic and financial applications, and aptitude and achievement testing to assist in planning services and support. Vocational training and education also provide support for clients pursuing adult basic education, i.e., general education development (GED) and college education.

Parent Education and Child Development: An intervention or treatment provided in a psycho-educational group setting that involves clients and/or their families and facilitates the instruction of evidence-based parenting or child development knowledge skills. Parenting assistance is a service to assist with parenting skills; teach, monitor, and model appropriate discipline strategies and techniques; and provide information and advocacy on child development, age appropriate needs and expectations, parent groups, and other related issues.

Appendix M – Adult Drug Court Model Components

The purpose of this program is to expand and/or enhance substance abuse treatment services in “problem solving” courts which can include the use of the adult drug court model. Eligible “adult” drug court models include Tribal Healing to Wellness Courts, Driving While Intoxicated (DWI)/Driving Under the Influence (DUI) Courts, Co-Occurring Drug and Mental Health Courts, Veterans Courts, and Municipal Courts using the problem solving model. Effective treatment drug courts have several well-defined elements and all applicants must address the appropriate components for the model for which they are applying to ensure that these elements are incorporated into their drug court model or approach. Applicants are encouraged to visit the following websites for more information on the key components of the adult drug court models eligible for this grant program:

Adult Drug Courts, Co-Occurring Drug and Mental Health Courts, and Municipal Courts:

- Adult drug courts, co-occurring courts, and misdemeanor courts must demonstrate how they address the “The Ten Key Components”, which can be accessed at the following: <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>.

Tribal Healing to Wellness Courts:

- Tribal Healing to Wellness Courts must courts must demonstrate how they address the Key Elements, which can be accessed at the following: <http://www.ncjrs.gov/pdffiles1/bja/188154.pdf>.

DWI/DUI Courts:

- DUI/DWI drug courts must courts must demonstrate how they address the “The Ten Guiding Principles of DWI Courts”, which can be accessed at the following: <http://www.ndci.org>.

Veteran’s Treatment Courts:

Veteran’s treatment courts must demonstrate how they address the “Veterans Treatment Court Ten Key Components” listed below:

Buffalo’s Veterans Treatment Court has adopted the components below, which include slight modifications of the essential tenements of the ten key components as described in the U.S. Department of Justice Publication entitled “*Defining Drug Courts: The Key Components*”, (Jan.1997). Although there are differences between drug courts, mental health courts, tribal courts, and veteran’s treatment courts, the *Key Components* provides the foundation in format and content for the *Essential Elements* of each of these drug court models.

Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing

Buffalo's Veterans Treatment Court promotes sobriety, recovery and stability through a coordinated response to veteran's dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

To facilitate the veterans' progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team's focus is on the veteran's recovery and law-abiding behavior—not on the merits of the pending case.

Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

Key Component #4: Veterans Treatment Courts provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma. Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

Key Component #7: Ongoing judicial interaction with each Veteran is essential

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components. Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veterans Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment

Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

Appendix N – Juvenile Drug Court Model Elements

The purpose of this program is to expand and/or enhance substance abuse treatment services in “problem solving” courts which can include the use of the juvenile drug court model. Juvenile Drug Courts serve adolescents with Substance Use Disorders (SUD), and with SUD and co-occurring mental health disorders who are involved in the juvenile justice systems, as well as their families or primary caregivers. Juvenile treatment drug courts provide services to juveniles found delinquent, and can also provide services to the parents, siblings, and other important family members. For the purposes of this program, juvenile treatment drug courts may include those courts that deal with juveniles in pre-adjudicated or adjudicated status, or under post-detention judicial supervision, such as juvenile reentry courts.

Juvenile drug courts must demonstrate how they address the “The 16 Key Elements of a Juvenile Drug Court” listed below:

- 1. Collaborative Planning:** Engage all stakeholders in creating an interdisciplinary, coordinated, and well documented systemic approach to working with youth and their families. Develop and maintain written policies and procedures for the implementation and operation of the juvenile drug court.
- 2. Teamwork:** Develop and maintain an interdisciplinary, non-adversarial work team.
- 3. Clearly Defined Target Population and Eligibility Criteria:** Define a target population and eligibility criteria that are aligned with the program’s goals and objectives.
- 4. Judicial Involvement and Supervision:** Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.
- 5. Monitoring and Evaluation:** Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.
- 6. Community Partnerships:** Build partnerships with community organizations to expand the range of opportunities available to youth and their families.
- 7. Comprehensive Treatment Planning:** Tailor interventions to the complex and varied needs of youth and their families.
- 8. Developmentally Appropriate Services:** Tailor treatment to the developmental needs of adolescents.

9. Gender-Appropriate Services: Design treatment to address the unique needs of each gender.

10. Cultural Competence: Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

11. Focus on Strengths: Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

12. Family Engagement: Recognize and engage the family as a valued partner in all components of the program.

13. Educational Linkages: Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

14. Drug Testing: Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

15. Goal-Oriented Incentives and Sanctions: Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

16. Confidentiality: Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Appendix O – Family Drug Court Model Elements

The purpose of this program is to expand and/or enhance substance abuse treatment services in “problem solving” courts which can include the use of the family drug court model. Family Drug Court Programs seeks to enhance or expand services provided to parents with substance use disorders or substance use and co-occurring mental health disorders involved with the family dependency court as a result of child abuse and neglect issues. The programs may provide services to the children of the parents in the program as well as to the parents.

Family drug courts must demonstrate how they address the “The 11 Key Elements of Family Treatment Drug Courts” listed below:

1. A Steering Committee composed of key stakeholders to provide advice in the design and operation of the Family Treatment Drug Court.
2. Alcohol and other drug treatment services that are integrated with justice system case processing.
3. Use of a non-adversarial approach, with prosecution and defense counsel promoting public safety while protecting participants' due process rights.
4. Early identification and prompt placement of eligible participants.
5. Access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
6. Frequent staffings (team meetings), where each client's progress, strengths, obstacles, and options are discussed individually, and case plans are updated as needed.
7. Frequent alcohol and other drug testing.
8. A coordinated strategy that governs drug court responses to participants' compliance.
9. Judicial interaction that is ongoing with each drug court participant.
10. Interdisciplinary education that promotes effective planning, implementation, and operations.
11. Partnerships among drug courts, public agencies, and community-based organizations.

Below are services and supports for parents, children, and families for Family Dependency/Drug Courts that may be included as well as the examples listed in “Appendix L: Allowable Substance abuse and/or Co-Occurring Treatment and Recovery Support Services.”

Services for Parents

- Parental engagement that ensures parents/guardians are encouraged to participate in all programs and services for which they qualify. Engagement can be achieved through the use of peer mentors, outreach specialists or other program components designed to encourage parental participation. SAMHSA encourages the use of persons in recovery to support parents in FDC and that parents be given a voice in plans that include them.
- Screening, assessment, treatment, discharge, and long-range recovery support services that are evidence-based and tailored to the individual needs of the client, are gender appropriate, trauma informed, and culturally relevant to the client.
- For parents with co-occurring mental health problems that the family drug court cannot support, enhanced case coordination to support access to mental health services.
- Evidence-based strategies to address gender-specific experience of trauma (e.g., “Seeking Safety,” “Trauma Recovery, and Empowerment,” “Helping Women Recover,” “Helping Men Recover,” etc.)
- Linkages to primary health care and dental care to meet parents’ needs including linkages to family planning services for women.
- Linkages to domestic violence prevention/intervention services.
- Training for foster parents, relatives, and other substitute caregivers about the special needs of children and youth who have suffered from abuse or neglect and whose parents have a substance use disorder.

Services for Children

- Coordination with the child welfare agency around safety planning, reunification, and/or other permanent placements.
- Services to meet children’s mental health needs, including attention to the trauma-informed services to meet the needs of children and services the long-term impact of parents’ substance abuse disorders on the children.
- Linkages to primary health/pediatric care and dental care for children.
- As part of the parents’ substance abuse treatment regiment provide evidence-based early intervention and preventive services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- Use of home visiting services, if appropriate, to monitor child and family wellbeing and to deliver in-home services.

Services for Families

- Evidence-based family and parenting interventions for children of parents with substance use disorders and their parents (e.g., Celebrating Families, Nurturing Families, Strengthening Families, Parent-Child Psychotherapy, etc.).
- Services to strengthen parent-child bonding, such as mentoring programs, home visits, and supervised visits as well as family counseling to strengthen family functioning and assist with reunification of families when children have been in out-of-home placements.
- Linkages to ancillary services for families to assist them in securing services, such as safe and drug-free housing, transportation, vocational training and education, government benefits, legal services, and child care.
- Case management services to coordinate services for parents, children and other care providers, to facilitate management of services amongst agencies and service providers.